

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V45596****1. Entity Name**
DATSLOR CREATIONS, INC.**Principal Place of Business**
115 DONS CT.
LAKELAND FL 33801**Mailing Address**
P.O. BOX 7225
WINTER HAVEN FL 33883-7225**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3129131**Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ROLSTAD, THOMAS D.**
707 ELLERBE WAY
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **DC** ☒ Delete
NAME **ROLSTAD, TIMOTHY J**
STREET ADDRESS **PO BOX 3843**
CITY-ST-ZIP **HAINES CITY FL 33845****TITLE** **DP** ☐ Change ☒ Addition
NAME **Rolstad, Thomas D**
STREET ADDRESS **707 Ellerbe Way**
CITY-ST-ZIP **Lakeland FL 33801****TITLE** **DTS** ☒ Delete
NAME **MIRABITO, MARYANN**
STREET ADDRESS **5894 FOX HAVEN DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33884****TITLE** **DTS** ☐ Change ☒ Addition
NAME **Rolstad, Casadie S**
STREET ADDRESS **707 Ellerbe Way**
CITY-ST-ZIP **Lakeland FL 33801****TITLE** **DC** ☒ Delete
NAME **ROLSTAD, TIMOTHY J**
STREET ADDRESS **4343 THOMAS WOOD LN. E**
CITY-ST-ZIP **WINTER HAVEN FL 33880-1154****TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** *Thomas J. Rolstad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90239 049 ***150.00

C0064652

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)